

CHANGE OF CONTROL

PURSUANT TO THE PROVISIONS OF LSA-R.S. 6:1090(B)(1)

LSA-R.S.6:1090(B)(1) states, “No person shall acquire or control a license to make or broker residential mortgage loans through the acquisition or control of fifty-one percent or more of the ownership interest in a licensee without first having obtained written approval from the commissioner, pursuant to an application for a change of control in ownership of the licensee, filed in the manner and on a form prescribed by the commissioner and accompanied by a fee of three hundred dollars. Any person who acquires controlling interest in a licensee without first having filed an application for change of control with the commissioner, shall be deemed to be operating without proper authority under this Chapter and is subject to the penalties of R.S. 6:1092(C).”

Persons or entities proposing to acquire control of licensees must have *prior* approval from the Commissioner of Financial Institutions. The request must include the following:

- 1) Proposed date for change, including names of all parties involved.**
- 2) Two original Form FD 258 fingerprint cards, or equivalent, Louisiana State Police form, and Authority form for each owner and executive officer who has not submitted fingerprint cards to this Agency within the last 5 years. Fingerprint cards can be obtained from your local law enforcement office. Fingerprint cards must be completely filled out including Social Security Number and the eight personal identification blocks, name printed at top and personal signature.**
- 3) \$45.25 background check fee per person. Check made payable to Office of Financial Institutions.**
- 4) \$300 change of control fee, check made payable to Office of Financial Institutions.**

Once approval has been received from this Office and the change is complete, the following information must be submitted:

- 1) Copy of the Act of Sale, if applicable.**
- 2) A letter from the bonding company (if applicable) stating that they are aware of the change of control and that the bond is still in effect.**
- 3) A copy of the Board Resolution (if corporation).**
- 4) Signed copy of amended Operating Agreement (if LLC).**
- 5) Name, address, and phone number of the registered agent for service of process.**
- 6) A Certificate of Resolution for each person having signing authority for the company.**

Please submit all items to:

**Office of Financial Institutions
P O Box 94095
Baton Rouge, LA 70804-9095
Attn: RML**

LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS
8660 United Plaza Boulevard, 2nd Fl.
Baton Rouge, LA 70809
(225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or other individuals of similar status or function.
- 4) **Mortgage Loan Originators:** All originators, unless exempt under LSA-R.S. 6:1087.

NOTE: *Louisiana residents or persons listed in Question 16 of the Uniform Application who have had a license since June 2001 are not required to submit fingerprint cards at this time.*

WHAT MUST BE SUBMITTED

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. In addition to your fingerprints, the cards must have your Social Security Number, date of birth, printed name, and signature.
- 2) \$45.25 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) MU@ Form properly completed, signed, and notarized.
- 4) Louisiana State Police Bureau of Criminal Identification and Information form completed and signed.

IMPORTANT NOTICE

Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards. This will add to the processing time of the application.

Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING
AGENCY/INDIVIDUAL FOR ACCURACY****

******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

******PLEASE PRINT******

Louisiana Office of Financial Institutions

FACILITY OR AGENCY

REPRESENTATIVE

P.O. Box 94095

MAILING ADDRESS

Robert F. Brian

FACILITY OR AGENCY AUTHORIZED

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804

CITY

STATE

ZIP CODE

(225) 925-4660

FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- | | |
|--|---|
| <input type="checkbox"/> ADULT DAY CARE | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> ADULT RESIDENTIAL | <input type="checkbox"/> NURSING HOME |
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OCS FOSTER/ADOPTIVE |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OCS PERSONNEL |
| <input type="checkbox"/> AMBULANCE SERVICE | <input checked="" type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> POSTSECONDARY EDUCATION |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> HOME HEALTH AGENCY | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HOSPICE | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> VOLUNTEERS WORKING WITH CHILDREN |

APPLICANTS FULL NAME: _____
LAST FIRST MIDDLE

****PRINT - USE INK****

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH: __ / __ / __

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

CERTIFICATE OF RESOLUTION

This form must be completed by all applicants, except sole proprietors, and must include the applicant's full name, including trade name(s), DBA name(s), or assumed name(s), if applicable.

This is to certify that at a ☐ Regular or ☐ Special meeting of the ☐ Board of Directors/or
☐ Members/ or ☐ Partners of _____
Name of applicant/company

organized under the laws of the State / Commonwealth of _____ held at

_____, _____, _____
Street address City State Zip Code

on the _____ day of _____, 20____, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Name of applicant/company
to be licensed or registered, BE IT RESOLVED, that _____
Name of authorized representative

who is the _____ of this ☐ limited liability company, ☐ corporation,
Title of authorized person

☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized
and directed to prepare, execute, verify, and present to the proper state authority, for filing, a written application
for licensure. Further, he/she is hereby authorized and empowered to make, sign
and execute all documents pertaining to the application and to perform every act whatsoever as required to
file the application on behalf of _____
Name of applicant/company

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Board Secretary)
(If LLC, this form must be signed by Managing Member)

Print Name

TITLE : _____

DATE: _____

AGENT FOR SERVICE OF PROCESS AND ACKNOWLEDGEMENT

(For Corporations, LLCs, and all Out-of-State Entities)

Louisiana Agent for Service of Legal Process:

(a) Name of Agent:_____

(b) Business Address:_____

City:_____ State:_____ Zip Code:_____

(c) Business telephone number:(____) _____

I hereby acknowledge and accept the appointment of registered agent for and on behalf of

Name of Licensee

Signed by: _____
Registered Agent or Authorized Representative

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public

**Should the licensee/registrant change its Agent for Service of Process, a new
acknowledgement form reflecting such change is required to be submitted to this Office.**

CONFIDENTIAL

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

| | |
|-------|--------------------|
| Name: | Social Security #: |
|-------|--------------------|

| |
|--------------------------------------|
| Home Address, City, State, Zip Code: |
|--------------------------------------|

| | |
|----------------|--------------------|
| Date of Birth: | Home Telephone No: |
|----------------|--------------------|

Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.

| | |
|---|------------------------------------|
| Have any civil judgments been entered against you during the past 10 years? | () Yes, attach explanation () No |
|---|------------------------------------|

| | |
|---|------------------------------------|
| Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty? | () Yes, attach explanation () No |
|---|------------------------------------|

| | |
|--|---|
| Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon? | () Yes, attach explanation () No |
|--|---|

| | |
|---|---|
| Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or which you received a first offense pardon? | () Yes, attach explanation () No |
|---|---|

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|---|---|
| Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding? | () Yes, attach explanation () No |
|---|---|

| | |
|--|---|
| Have you been refused a license or registration to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business, fines or penalties? | () Yes, attach explanation () No |
|--|---|

| | |
|--|---|
| Have you been discharged for cause or been requested to resign from any employment position? | () Yes, attach explanation () No |
|--|---|

I hereby authorize the licensing authority to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form, to the best of my knowledge, is complete and accurate.

Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.

AT: _____, _____
(CITY) (STATE or COMMONWEALTH)

PRINT NAME OF NOTARY PUBLIC:

SIGNATURE OF NOTARY PUBLIC: